PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

Exterior Wood, Inc.

2685 Index Street

Washougal, WA 98671

Washougal, WA 98671

P.O. Box 206

Cowlitz

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

(17-19)

WA0040711

PERMIT NUMBER

001-Wet Well **DISCHARGE NUMBER** Interim Limitations **Submit Monthly**

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

MONITORING PERIOD YEAR МО YEAR МО DAY 01 TO OM (20-21)(22-23)(24-25)(26-27)(28-29)(30-31)

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)					NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M L	JNITS	(62-63)	ANALYSIS (64-68)	(69-70)
¹ Total Suspended Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						229	r	mg/L	0	01/30	Grab
² Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						300	r	mg/L	0	01/30	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/III LE PRINCIPAL EXECUTIVE OFFICER PR		RTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS PARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A S' GRED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHEREE JUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERS SONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBL JERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY			A SYSTEM ERED AND PERSON OR NSIBLE FOR MY				TELEPHONE		DATE	
AR		VLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO IBILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INFO	ORMATION, INCL ATIONS. SEE 18	UDING THE USC §							
S10,		AND 33 USC § 1319. (PENAL) 00.00 AND OR MAXIMUM IMPR			GNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			N	UMBER	YEAR	MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)

¹TSS limitation is valid until December 31, 2005.

²Copper limitation is valid until December 31, 2006.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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Exterior Wood, Inc.

2685 Index Street

Washougal, WA 98671

Washougal, WA 98671

P.O. Box 206

Cowlitz

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

(17-19)

WA0040711

001-Wet Well **DISCHARGE NUMBER** **Submit Monthly**

Final Limitations

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

MONITORING PERIOD YEAR МО YEAR МО DAY 01 TO OM (20-21) (22-23) (24-25)(26-27) (28-29)(30-31)

DADAMETED		(3 Card Only)	QUANTITY OR LOA	(4 Card Only)	QUALITY OR C	CONCENTRATION			. FREQUEN	CY	SAMPLE	
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-6	1)	EX	_		TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	M UNI	TS (62-6	ANALYS (64-68)	S	(69-70)
Flow (1-hour average)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	Report		cfs					n/a	a Continuo	us	Metered
Flow (96 hour	SAMPLE MEASUREMENT											
average)	PERMIT REQUIREMENT	Report		cfs					n/a	Continuo	us	Metered
pH	SAMPLE MEASUREMENT											
ргт	PERMIT REQUIREMENT				6		9	mg	/L 0	01/30		Grab
Oil & Grease	SAMPLE MEASUREMENT											
Oil & Glease	PERMIT REQUIREMENT						10	mg	/L 0	01/30		Grab
¹ Total Suspended	SAMPLE MEASUREMENT											
Solids	PERMIT REQUIREMENT						50	mg	/L n/a	a 01/30		Grab
Araonia	SAMPLE MEASUREMENT											
Arsenic	PERMIT REQUIREMENT						111	μg	/L n/a	a 01/30		Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		ERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE EPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND ALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR RSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR THERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY					TELEPHONE			DATE		
	ARE	VLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO IBILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INF	ORMATION, INCI	LUDING THE USC §							
TYPED OR PRINTED	\$10,00	1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO SIGNATURE (100,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.) OFFICER C						AREA CODE	NUMBER	YEAR	МО	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used (REPLACES EPA FORM t-40 WHICH MAY NOT BE USED.)

¹Final TSS limitations starting with January 1, 2006.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

Cowlitz

Exterior Wood, Inc. P.O. Box 206

2685 Index Street

Washougal, WA 98671

Washougal, WA 98671

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

(2-16)

(17-19)

DAY

(30-31)

WA0040711 **PERMIT NUMBER**

001-Wet Well **DISCHARGE NUMBER**

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

Final Limitations

Submit Monthly

MONITORING PERIOD МО YEAR МО YEAR DAY 01 TO (20-21)(22-23)(24-25)(26-27)(28-29)

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	(4 Card Only) (38-45)	QUALITY OR 0 (46-53)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	JM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Chromium	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						180		μg/L	n/a	01/30	Grab
¹ Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						160		μg/L	n/a	01/30	Grab
Tebuconazole	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						20		μg/L	n/a	01/30	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	PREP DESIG	TIFY UNDER PENALTY OF LA PARED UNDER MY DIRECTION SONED TO ASSURE THAT UATED THE INFORMATION SONS WHO MANAGE THE SYSTERING INFORMATION, THE	IN OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY I STEM OR THOSE PERSONS I IFORMATION SUBMITTED IS,	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO TO THE BEST OF	A A SYSTEM HERED AND PERSON OR INSIBLE FOR			,	TELEPHO	ONE	D	ATE
	ARE POSS	NLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO SIBILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INF	ORMATION, INC. ATIONS. SEE 18	LUDING THE USC §							
		AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 00.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			N	UMBER	YEAR N	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

¹Final Copper limitation as of January 1, 2007.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used (REPLACES EPA FORM t-40 WHICH MAY NOT BE USED.)